

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: VITAMIN D ANALOGUES, COMPOSITIONS COMPRISING SAID ANALOGUES AND THEIR USE

Fill in Appropriate Information - For Use Without Specification Attached: the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

The specification was filed on _____ as
United States Application Number _____
and amended on _____ (if applicable) and/or
the specification was filed on _____ as PCT
International Application Number _____; and was
amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
PA 2002 01608	Denmark	10/23/2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	60/420,783	24 October 2002
	(Application Number)	(Filing Date)
	_____	_____
	(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

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_____	_____	_____

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Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ernst, Torndal Binderup	INVENTOR'S SIGNATURE <i>Ernst Binderup</i>	DATE* May 6 th , 2005
Residence (City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		
GIVEN NAME/FAMILY NAME Kai, Holst Hansen	INVENTOR'S SIGNATURE <i>Kai Hansen</i>	DATE* 2-00
Residence (City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME Claus, Aage Svendsgaard Bretting	INVENTOR'S SIGNATURE <i>Claus Bretting</i>	DATE* 3-00
Residence (City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		
GIVEN NAME/FAMILY NAME Martin, John Calverley	INVENTOR'S SIGNATURE <i>Martin Calverley</i>	DATE* 4-00
Residence (City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		CITIZENSHIP GB
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ernst, Torndal Binderup	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		
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GIVEN NAME/FAMILY NAME Martin, John Calverley	INVENTOR'S SIGNATURE <i>Martin John Calverley</i>	DATE* <i>18 May 2005</i>
Residence (City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		CITIZENSHIP GE
MAILING ADDRESS (Complete Street Address including City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
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MAILING ADDRESS (Complete Street Address including City, State & Country)		
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Priority Claimed

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	_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	_____ (Application Number)	_____ (Filing Date)

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Inventor →
Insert Date This
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Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ernst, Torndal Binderup	INVENTOR'S SIGNATURE	DATE*
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MAILING ADDRESS (Complete Street Address including City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME Claus, Aage Svendsgaard Bretting	INVENTOR'S SIGNATURE <i>Claus Bretting</i>	DATE* 11. may 2005
Residence (City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed →

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
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MAILING ADDRESS (Complete Street Address including City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		
GIVEN NAME/FAMILY NAME Kai, Holst Hansen	INVENTOR'S SIGNATURE <i>Kai Hansen</i>	DATE* 10 May 2005
Residence (City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark	CITIZENSHIP DK	
MAILING ADDRESS (Complete Street Address including City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME Claus, Aage Svendsgaard Bretting	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark	CITIZENSHIP DK	
MAILING ADDRESS (Complete Street Address including City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		
GIVEN NAME/FAMILY NAME Martin, John Calverley	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark	CITIZENSHIP GB	
MAILING ADDRESS (Complete Street Address including City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		